

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90390 001 ****75.00
 05-04-2004 90390 002 ****75.00

66418949



04272004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000058737 1. Entity Name DT GLOBAL CORP.					
Principal Place of Business 1948 NW 54 AVE MARGATE, FL 33063			Mailing Address 1948 NW 54 AVE MARGATE, FL 33063		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 01-0673838	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSENTHAL, 1948 NW 54 AVE MARGATE, FL 33063	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ROSENTHAL, DON	<input type="checkbox"/> Delete	TITLE	President Don Rosenthal	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7886 NW 62 WAY		STREET ADDRESS	7886 NW 62 way	
CITY-ST-ZIP	PARKLAND, FL 33067		CITY-ST-ZIP	Parkland, FL 33067	
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Thomas Rispoli	
STREET ADDRESS			STREET ADDRESS	3900 84th Rd. S.	
CITY-ST-ZIP			CITY-ST-ZIP	Baynton Beach, FL 33436	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lisa Rispoli	
STREET ADDRESS			STREET ADDRESS	3900 84th Rd. S.	
CITY-ST-ZIP			CITY-ST-ZIP	Baynton Beach, FL 33436	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Telma Rosenthal	
STREET ADDRESS			STREET ADDRESS	7886 NW 62 way	
CITY-ST-ZIP			CITY-ST-ZIP	Parkland, FL 33067	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that: the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

4/17/04